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1. Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Substillator form 1449/PTO Modified Complete if Known **Application Number** 10/767,850 Confirmation No.: INFORMATION DISCLOSURE Filing Date: January 29, 2004 STATEMENT BY APPLICANT Yaniv Vakrat First Named Inventor: (Use as many sheets as necessary) Art Unit: 2113 Examiner Name: Wilson, Yolanda L. Sheet 1 Attorney Docket Number: 5681-62301

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Examiner Initials*	Cite No.1	Document Number Number-Kind Code (if known)	Publication Date MM- DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, (page(s), volume-issue number(s), publisher, city and/or country where published.	Check if English Translation is attached
/YW/		U.S. Patent Application No. 10/767,849, filed January 29, 2004	
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Examiner		Date Considered	
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